



DONOR INFORMATION:

DONOR'S NAME: (LAST, FIRST, MI)	EMPLOYEE ID#:	DIVISION/SECTION/CENTER-DEPARTMENT:
NAME OF EMPLOYEE TO APPLY DONATION TO:	DONOR'S E-MAIL ADDRESS:	

I hereby authorize the transfer of ____ vacation days to the above named leave recipient.

- I certify that this donation does not cause my vacation balance to drop to one-half the amount I will accrue this vacation year.
- I certify that the leave recipient is not my Supervisor.
- I acknowledge that once this form is submitted, the donation of leave is not revocable.
- I understand that my donation is not tax-deductible per Internal Revenue Service, Letter Ruling 9051005.
- I acknowledge that I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.
- I acknowledge that I have read the Fermilab Vacation Donation Policy (<http://wdrs.fnal.gov/elr/vacationdonation.html>).

DONOR'S SIGNATURE*

DATE

PRIVACY STATEMENT:

Participation in this program is voluntary. Your donation will remain confidential to the donor. The information provided above will be used to identify records properly associated with the transfer of vacation time. The form will be retained by Fermilab for one-year from the date the leave transfer is processed.

SUBMIT COMPLETED FORM TO EMPLOYEE RELATIONS DEPARTMENT
SCAN AND E-MAIL TO HSIDMAN@FNAL.GOV | FAX TO 630.840.2306 | MAIL TO MS124

FOR USE BY HUMAN RESOURCES ONLY:

DATE RECEIVED:	DATE PROCESSED:	REQUEST APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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